

AMERICAN BORDER LEICESTER ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email asregistry@gmail.com

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

- Senior/Active Member
 Junior Member (until age 21)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member _____		35.00	xxx	
2. Annual Senior Dues _____		35.00	xxx	
3. New Junior Member (date of birth ____/____/____) _____		25.00		
3. Junior Dues (date of birth ____/____/____) _____		25.00		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Please send Membership Dues to: Stephanie LaRochelle 457 Battle Street Webster, NH 03303 Phone: (603) 746-3712 </div>				
B. REGISTRATIONS _____		7.00		
C. TRANSFERS _____		7.00	14.00	
D. DUPLICATE CERTIFICATE _____		3.00	same	
E. RUSH FEE (per each registration & transfer) _____		5.00	same	
F. EMERGENCY FAXES (per page - not including cover) _____		3.00	same	
G. SPECIAL HANDLING				
1. UPS Overnight Delivery _____			same	
2. Postal Overnight, USPS (two-three day delivery) _____		33.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	same	
H. OTHER FEES _____				

TOTAL FEES FROM ABOVE.....\$ _____

Previous Balance Due (please return invoice).....\$ _____

Previous Credit Due (please return invoice)\$ _____

TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ OR CREDIT CARD # _____

EXPIRATION DATE ON CARD _____ THREE DIGIT CODE ON BACK OF CARD _____

ZIP CODE OF BILLING ADDRESS _____ SIGNATURE OF CARDHOLDER _____

ALL CREDIT CARD TRANSACTIONS WILL BE CHARGED A 15 CENT TRANSACTION FEE AND A 3.5% CONVENIENCE FEE ON THE TOTAL AMOUNT

• ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____
(Month, Day, Year) (Month, Day, Year)

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____